

Revised December 1974

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000469

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Weslock Co Code No.     

Pick up Address: 13344 So Main Code No.     

Telephone Number: 922-2270 O. or Contract No.     

Order Placed By: Bruce Walker Date: 8/15/79

Type of Process which Produced Wastes:      Code No.     

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Gannery waste              |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Sludge and water           |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify)      Code No.     

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration:		ppm
		Lower	z	
1. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
2. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
3. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
4. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
6. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

## Hazardous Properties of Waste:

PH      ☐ none ☐ toxic ☒ flammable ☐ corrosive ☐ explosive

Bulk Volume:      gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)     

Containers: (Number)      drums ☐ cartons ☐ bags ☐ other (specify)     

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)     

Special Handling Instructions (if any):     

The waste is described to the best of my ability and is delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No.     

Business Address: 2501 1/2 W. Manchester Ave. (City) Ing.

Telephone Number: 778-1642 Pick Up:      (Date)      Time:      ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 483

Job No.: 00601 No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck 10 barrels, ☐ flatbed, ☐ other (specify)     

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES, INC. Code No.     

Site Address: 2425 So Garfield Ave.

Monterey Park, Calif. 91754

The hauler above delivered the described waste to the disposal facility and it was an acceptable material under the terms of the requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):      State fee (if any):     

## Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):      Code No.
- ☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
- ☐ other (specify):      Code No.

If waste is held for disposal elsewhere specify final location     

Disposal Date: 8-16-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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No. 065

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.